

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JF		04-20-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HAB	JC-916	06-18-01
RESPONSE FORMALITY REVIEW	A.S	943	10-16-01
	BZ	297	12-13-01

INDEX OF CLAIMS

- ✓ ..... Rejected

= ..... Allowed

- (Through numeral) ... Canceled

÷ ..... Restricted
- N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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